

Results: 4719 patients (88.6%) were analysed (2781 with knee, 1553 with hip, and 385 with hip and knee osteoarthritis). Mean scores of the WOMAC (range 0-100) were 48.7 ± 17.9 , 47.2 ± 17.4 , and 52.2 ± 17.5 for the 17, nine, and eight item-versions respectively. We observed no difference in mean scores between knee and hip osteoarthritis. For the three versions of the questionnaire, the Cronbach coefficient values were high (0.96, 0.91, and 0.92 respectively). For each osteoarthritis location, factor analysis of the 17-item version extracted two similar factors which could not be clinically characterised, explaining 67% of the total variance for hip OA and 63% of the total variance for knee OA. Factor analysis of the nine-item version extracted one factor explaining 60% of the total variance for knee and two factors (which could not be clinically characterised) explaining 72% of the total variance for hip osteoarthritis. The eight-item version was one-dimensional for knee and hip OA, explaining 61.0% and 61.5% of total variance. The mean scores of the three WOMAC versions were highly correlated but were weakly correlated with pain scores (r values between 0.42 and 0.53).

Conclusions: Mean scores of the 3 versions of the WOMAC questionnaire, section C are highly correlated, but the eight-item version has the advantage of being one-dimensional for both locations of the disease. Disability assessed by the WOMAC questionnaire is similar for both hip and knee osteoarthritis.

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EXPECTATIONS OF TREATMENT IN PATIENTS 50 YEARS OR OLDER WITH OSTEOARTHRITIS OF THE KNEE

KK Briggs, JR Steadman, A Ciotti, WI Sterett, WG Rodkey
Clinical Research, Steadman Hawkins Research Foundation, Vail, CO

Introduction: There are many treatment pathways for osteoarthritis of the knee; however the outcome may not match the patient's expectations. The purpose of this study was to identify the expectations of treatment in patients with osteoarthritis of the knee.

Methods: A 20 item validated knee surgery expectation survey was completed by 130 individuals, 50 years or older, who were diagnosed with knee osteoarthritis. There were 54 women and 76 men with a mean age of 63 years (range 50 - 91).

Results: Avoid future knee degeneration was the most common expectation rated very important (85%), followed by improve ability to maintain health (79%), have confidence in knee (69%), and improve ability to walk (69%). The least common expectation was for the knee to be back to way it was before the problem started, followed by improve ability to run. Gender was associated ($p < 0.05$) with the following expectations: avoid future degeneration (more important to females), improve ability to do stairs (more important to females), improve ability to kneel (more important to males), and stop knee from giving way when stopping quickly (more important to males). Age was associated ($p < 0.05$) with pain relief (more important to younger) and improve ability to participate in sport (more important to younger). Improve ability to maintain health was more important to older individuals, as was avoid future degeneration of the knee.

Conclusions: Patient expectations are influenced by age and gender. These differences are important in clinical decision making. Further understanding of patients' expectations of treatment may improve treatment outcome and patient satisfaction.

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CHONDROITIN SULFATE: A NOVEL SYMPTOMATIC TREATMENT FOR PSORIASIS. REPORT OF ELEVEN CASES

J Verges¹, E Montell¹, M Herrero¹, C Perna², J Cuevas², J Dalmau³, M Perez³, I Moller⁴

¹Clinical Research Unit, Scientific Medical Department, Bioiberica S.A., Barcelona, Spain; ²Department of Pathology, Hospital General Universitario de Guadalajara, Guadalajara, Spain; ³Dermatology Service, Hospital de la Santa Creu i Sant Pau, Barcelona, Spain; ⁴Instituto Poal de Reumatologia, Barcelona, Spain

Aim of study: After observing that three patients with both knee osteoarthritis and psoriasis treated with chondroitin sulfate experienced a marked improvement of skin lesions, we decided to study more cases due to the encouraging preliminary results. Here, we describe the clinical and histopathological results of eleven patients with both osteoarthritis and psoriasis treated with oral chondroitin sulfate.

Methods: Eleven adult patients with knee osteoarthritis and long-standing moderate to severe psoriasis resistant to conventional therapy received 800 mg/day of chondroitin sulfate (Bioiberica S.A., Barcelona, Spain) for two months. Skin biopsies were obtained before and after treatment.

Results: Clinically, all patients but one presented a dramatic improvement of the condition of the skin with a reduction of swelling, redness, flaking, and itching, increase in the hydration and softening of the skin, and amelioration of scaling. One patient experienced clearance of psoriasis. Histopathologically, there was a statistically significant decrease in epidermal thickness (-29%), a decrease in the thickness between the stratum basale and the stratum granulosum (-31%), a significant improvement of the degree of psoriasis activity (-49%), and a decrease in the keratinocyte proliferation index (-27%). The substitution of parakeratotic keratinization by orthokeratotic keratinization was also observed.

Conclusions: The administration of chondroitin sulfate resulted in a marked improvement of the psoriatic lesions. Therefore, the confirmation of these findings in controlled prospective studies could represent an important advance in the therapeutic armamentarium for patients with psoriasis given the excellent safety profile of chondroitin sulfate.

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OSTENIL MINI COMPARED TO DEPOMEDRONE FOR BASE OF THUMB OSTEOARTHRITIS - A RANDOMISED CONTROLLED PILOT TRIAL

LJ Turrett¹, LR Irwin¹, TR Daymond²

¹Trauma and Orthopaedics, Sunderland Royal Hospital, Sunderland, Tyne and Wear, United Kingdom; ²Rheumatology, Sunderland Royal Hospital, Sunderland, Tyne and Wear, United Kingdom

Aims: To compare the effectiveness of Ostenil Mini (a Sodium Hyaluronate designed specifically for small joint Osteoarthritis) to a standard injection of Depomedrone for base of thumb arthritis.

Methods: After obtaining ethical approval 20 patients were recruited from the Rheumatology and Hand clinics at a busy district general hospital and gave consent to be included in the trial. Patients received either an injection of Depomedrone or an injection of Ostenil mini. Due to bilateral disease there were 23 injections, 10 of Depomedrone and 13 of Ostenil mini. Most patients were female; 2 males, and only 2 were left-handed, both of these had isolated left sided disease. Each patient was assessed prior to the injection using the Patient Rated Wrist Evalua-